

PART B—ISSUE FEE TRANSMITTAL

242 - 625.00
561 - 18.00

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

| | | | | | |
|---|----------------|--|---|-----------------------------|---------------|
| 1. CORRESPONDENCE ADDRESS | | 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change) | | | |
| STANLEY AND GILCREST 555 METRO PLACE NORTH SUITE 500 DUBLIN OH 43017 | | INVENTOR(S) NAME <input type="checkbox"/> STANLEY AND GILCREST 555 METRO PLACE NORTH SUITE 500 DUBLIN OH 43017 | Street Address <input type="checkbox"/> STANLEY AND GILCREST 555 METRO PLACE NORTH SUITE 500 DUBLIN OH 43017 | | |
| | | City, State and ZIP Code <input type="checkbox"/> DUBLIN OH 43017 | City, State and ZIP Code <input type="checkbox"/> DUBLIN OH 43017 | | |
| | | CO-INVENTOR(S) NAME <input type="checkbox"/> STANLEY AND GILCREST 555 METRO PLACE NORTH SUITE 500 DUBLIN OH 43017 | Street Address <input type="checkbox"/> STANLEY AND GILCREST 555 METRO PLACE NORTH SUITE 500 DUBLIN OH 43017 | | |
| | | <input type="checkbox"/> Check if additional changes are on reverse side | | | |
| SERIES CODE/SERIAL NO. | | FILING DATE | TOTAL CLAIMS | EXAMINER AND GROUP ART UNIT | DATE MAILED |
| 08/303,938 | | 09/09/94 | 004 | MULLEN, T. (161) | 2617 05/24/96 |
| First Name Applicant | | (311)(161)(2)(1) | | | |
| TITLE OF INVENTION | | RESS, BRIAN K. (311)(161)(2)(1) | | | |
| PORTABLE ALARM SYSTEM | | (311)(161)(2)(1) | | | |
| ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN. TYPE | SMALL ENTITY | FEES DUE |
| 1066-001 | | | | | DATE DUE |

| | |
|--|---|
| <p>3. Correspondence address change (Complete only if there is a change)</p> <p>Jeffrey S. Standley Standley & Gilcrest 555 Metro Place North Suite 500. Dublin, Ohio 43017</p> | <p>4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.</p> <p><u>1. Standley & Gilcrest</u> <u>2. </u> <u>3. </u></p> |
| <p>DO NOT USE THIS SPACE</p> | |
| <p>5. ASSIGNMENT DATA TO BE PRINTED ON THE PAYMENT (initials only) (Initials of Assignee and Assignor)</p> <p>(1) NAME OF ASSIGNEE: Jeffrey S. Standley</p> <p>(2) ADDRESS: (CITY & STATE OR COUNTRY) Dublin, OH 43017</p> <p>(3) DATE: 10/10/96</p> <p>(4) SIGNATURE: Jeffrey S. Standley</p> <p>(5) SIGNATURE: Jeffrey S. Standley</p> <p>(6) The following fees are enclosed: <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - 9 of Copies 6 <input type="checkbox"/> Any Delays in Envelope Fee</p> <p>(7) DEPOSIT ACCOUNT NUMBER 19-4076</p> <p>(8) DEPOSIT ACCOUNT NUMBER 19-4076</p> <p>(9) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - 9 of Copies <input type="checkbox"/> Any Delays in Envelope Fee</p> <p>(10) THE COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the fee/s to the application identified above.</p> <p>(11) Jeffrey S. Standley 37,00 Date 9/20/96</p> <p>NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.</p> | |

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

PTOL-958 (REV. 4-94) (0651-00331)

PART C—CHARGE TO DEPOSIT ACCOUNT

212 - 0.00
561 - 18.00

1. CORRESPONDENCE ADDRESS

STANLEY AND GILCREST
555 METRO PLACE NORTH
SUITE 500
DUBLIN OH 43017

EGM140624

| SEARCH CODE/SERIAL NO. | FILING DATE | TOTAL CLAIMS | EXAMINER AND GROUP/ART. UNIT | DATE MAILED |
|---|----------------|--------------|------------------------------|---------------|
| First Name 087303, 950 | 09/09/94 | 1004 | MULLEN, T | 2817 09/24/95 |
| Applicant | | | | |
| TITLE OF INVENTION: ERIC K. HESS, PORTABLE ALARM SYSTEM | | | | |
| ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN. TYPE | SMALL ENTITY |
| 1066-001 | | | | |
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2a. The following fees are enclosed:
 Issue Fee Advance Order - 6 of Copies 6

2b. The following fees should be charged to:
 DEPOSIT ACCOUNT NUMBER 19-4076

Issue Fee Advance Order - 6 of Copies

Any Deficiencies in Enclosed Fee

The COMMISSIONER OF PATENTS AND TRADEMARKS is
requested to apply the issue Fee to the application identified above.

(August 1992 Signature) 09/26/96

NOTE: The Issue Fee will not be accepted from anyone other than the
applicant, registered attorney or agent, or the employee or other party
to business as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH PART B WHEN AUTHORIZING USE OF A DEPOSIT ACCOUNT

EV. 4-94 (0851-0033)